



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 3990

| | | | | |
|--|--|-------------------------------|---|---|
| SERIAL NUMBER 09/685,366 | FILING DATE 10/10/2000 RULE | CLASS 514 | GROUP ART UNIT 1651 | ATTORNEY DOCKET NO. 787446-2001.1 |
| APPLICANTS Scott E. Peters, Wooster, OH; Darryl H. Woods, Glenmont, OH; | | | | |
| ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/161,995 10/28/1999 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/06/2000 | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____ | STATE OR COUNTRY OH | SHEETS DRAWING | TOTAL CLAIMS 13 |
| INDEPENDENT CLAIMS 2 | | | | |
| ADDRESS 20999 | | | | |
| TITLE STABLE AQUEOUS DISPERSION OF NUTRIENTS | | | | |
| FILING FEE RECEIVED 1008 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |



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| | | | | |
|---|---|-------------------------|---|---|
| SERIAL NUMBER 09/685,366 | FILING DATE 10/10/2000 RULE | CLASS 426 | GROUP ART UNIT 1761 | ATTORNEY DOCKET NO. 787446-2001.1 |
| APPLICANTS Scott E. Peters, Residence Not Provided; Darryl H. Woods, Residence Not Provided; | | | | |
| ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/161,995 10/28/1999 | | | | |
| ** FOREIGN APPLICATIONS ***** NONE | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/06/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS 13 |
| Examiner's Signature <i>[Signature]</i> Initials <i>PAD</i> | | | | INDEPENDENT CLAIMS 2 |
| ADDRESS 20999 | | | | |
| TITLE Stable aqueous dispersion of nutrients | | | | |
| FILING FEE RECEIVED 840 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |